U S Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2008

This report is mandatory under P L 88-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only  Read THE INSTRUCTIONS CAREFUL  READ THE INSTRUCTIONS CAREFUL  READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT			
1 File Number U 9635	2 Fiscal Year Covered From			
3 Name and address of person filing	1 2004 Through [2 ] 2004 4 Name file number and address of labor organization			
Name RAYMOUS ON UETRANS	Name LOCAL 305 RWASU-UFCW			
	Labor Organization File Number 011 - 053			
PO Box Bldg Room No If any	PO Box Building and Room Number if any			
Street 5 TUTTLE DRIVE	Street 120, SAW MILL RIVER RUAD			
City Osswilla	CHY HASTINGS-ON-HUASON			
State "INEW YURK! ZIP Code +4 10562	State NEW YORK ZIP Code +4 10706			
5 Position in labor organization				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including toans) with or derived income or other economic benefit of				
monetary value from an employer whose employees your organization 6 Name and address of Employer (including trade name if any)	on represents or is actively seeking to represent.  7 a. Nature of Interest, Transaction or Income.			
Name	o r t			
Trade Name if any				
PO Box Bidg Room No If any	7 b Amount.			
Street	1 <b>)</b>			
City , 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 2 mm 12 ( Tr 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
State	ton s o o			
- Signature				
15 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned s knowledge and belief true correct and complete (See the second complete).	ing documents) has been examined by the signatory and is, to the best of the			
Signed	On <i>E-12-05</i> 914 - 478 - 380 b  Date Telephone Number			

Name of Person Filing RAYMOND M UETRANO		File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)  Name LOCAL 305  Trade Name if any  PO Box Bldg Room No if any  Street 120 SAW MILL RIVER ROAD  City HASTINGS FON HUA SON  State NEW YORK ZIP Code +4 10706	9 Business deals with  a Labor Organiza  b Trust  c Employer	tion		
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such deali	ng		
Name LOCAL 305 CIOS PENSION FUND	Lunch AFTI	ER TRUSTEE	's WEETING	
P O Box Bldg Room No if any	1-14-	.04		
Street 120 SAW MILL RUER RUAD				
<u> </u>	11 b Approximate dollar valu		\$ 40.00	
State NEW YORK ZIP Code + 4 10706	12.a Nature of interest held	TOT INCOME TECSIVED		
	12.b. Amount.			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			
Name				
Trade Name if any				
PO Box Bldg Room No if any				
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.			

Name of Person Filing RAYMUND M UETRAND	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)  Name LOCAL 305 -  Trade Name if any  PO Box Bldg Room No if any  Street 120 SAW MILL RIVER ROAD  City HASTINGS ON HUA SON  State NEW YORK ZIP Code + 4 10706	9 Business deals with  a Labor Organization  b Trust  c Employer			
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing			
Name LOCAL 305 CTOS PENSION FUND  Trade Name if any  PO Box Bldg Room No if any	Lunch AFTER TRUSTEE	's WEETING		
Street 120 SAW MILL RIVER RUAD	11 b Approximate dollar value of such dealing	\$ 29.00		
CHY HASTINGS-ON HUASON	12.a. Nature of interest held or income received	<u> </u>		
State NEW YORK ZIP Code + 4 10706				
	12.b. Amount.			
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any).	14 a Nature of payment.			
Name Trade Name if any				
Tiese Halle II ally		{		
PO Box Bldg Room No If any				
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

Name of Person Filing RAYMOND M UETRANO		File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)  Name LOCAL 305  Trade Name if any  PO Box Bldg Room No if any  Street 120 SAW MILL RIVER ROAD  City HASTINGS -ON- HUA SON  State NEW YORK ZIP Code +4 10706	9 Business deals with  a Labor Organizat  b. Trust  c Employer	ion		
10 if 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deals	ng		
Name LOCAL 305 CIOS PENSION FUND	Lunch AFTE	ER TRUSTEE	's WEETING	
Trade Name if any	7-11	4-04	_	
PO Box Bidg Room No If any		1704		
Street 120 SAW MILL RIVER RUAD	11 b Approximate dollar valu	o of euch dooling	\$ 21 00	
CITY HASTINGS-ON HUAS-SN	12.a Nature of interest held		# 21 0	
State NEW YORK ZIP Code + 4 10706				
	12.b. Amount.			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			
Name				
Trade Name if any				
PO Box Bldg Room No if any				
Street				
City				
State				
13.b is the Business an Employer or Consultant ?	14 b Amount of payment.			

Name of Person Filing RAYMOND M UETRANO	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)  Name LOCAL 305  Trade Name if any  PO Box Bldg Room No if any  Street 20 SAW MILL RIVER ROAD  City HASTINGS ON HUD SON  State NEW YORK ZIP Code +4 10706	9 Business deals with  a Labor Organization  b Trust  c. Employer			
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing			
Name LOCAL 305 CIOS PENSION FUND  Trade Name if any  PO Box Bidg Room No if any	Lunch AFTER TRUSTEE'S MEETING 10-20-04			
Street 20 SAW MILL RIVER RUAD	11 b Approximate dollar value of such dealing # 37 00			
CITY HASTINGS-ON HUASON	12 a. Nature of interest held or income received			
State NEW YORK ZIP Code + 4 10706				
	12.b. Amount.			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			
Name				
Trade Name if any				
PO 8ox Bldg Room No if any				
Street				
City	[ ]			
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.			

Name of Person Filing RAYMUND M UETRANO	File Number U-
B Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or ndirectly to or otherwise
8 Name and address of Business (including trade name if any)  Name LOCAL 305 HEALTH & INS FUND  Trade Name if any  PO Box Bldg Room No if any  Street 120 SAW M CL RIVER ROAD  City HASTINGS-ON-HUBSON  State NEW YORK 2IP Code +4 10706	9 Business deals with  a Labor Organization  b Trust  c Employer
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing
Name GORDON GROUP  Trade Name If any  PO Box Bldg Room No If any  Street SOS WHITE PLAINS ROAD	Lunch 1/15/04
City TARRYTOWN	11 b Approximate dollar value of such dealing  12.a Nature of interest held or income received
State NEW YORK ZIP Code + 4 10591	
	12 b Amount.
C Received from any employer (other than an employer covered une or from any labor relations consultant to an employer any payment of mone	der parts A and B above) by or other thing of value
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.
Name	[]
Trade Name if any	
P O Box Bldg Room No If any	
Street	
City	
State ZIP Code + 4	
13 b is the Business an Employer or Consultant ?	14 b Amount of payment.

Name of Person Filing	RAYMONS M	UETRANS		File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (in	ncluding trade name	if any)	9 Business deals with		
Name LOCAL 305 HEA	WHE INS F	EUNS			
Trade Name if any			a Labor Organiza	tion	
PO Box Bidg Room No If any			c Employer		
Street 120 SAW MILL R	IVER ROA	0	23		
CITY HASTINGS-ON-			]		
State NEW YORK	ZIP Code 4	1 10706			
10 If 9 b or 9 c is checked give tru	ıst or employer's nan	ne	11 a Nature of such deali	ng	
Name GURSON GR	OUP		Lunch		
Trade Name If any			1/20/04		
PO Box Bldg Room No if any			1/20/01		
Street SOS WHITE PL	AINS RUAL		L	o of such dealles	\$ 12 00
			11 b Approximate dollar valu	e or such dealing	# /2 00
City TARRYTOWN			12.a. Nature of interest held	d or income received	
City TARRYTOWN State NEW YORK	ZIP Code 4	10591	12.a. Nature of interest held	d or income received	
	ZIP Code 4	10591	12.a. Nature of interest held	d or Income received	
	ZIP Code 4	10.591	12.a. Nature of interest halo	d or Income received	
	ZIP Code 4	· 4 \ 10591	12.a. Nature of interest hale	d or Income received	
	ZIP Code 4	10591	12.a. Nature of interest hald	d or Income received	
State NEW YORK			12.b. Amount.	d or Income received	
	er (other than an en	nployer covered und	12.b. Amount. er parts A and B above) or other thing of value	d or Income received	
State NEW YORK  C Received from any employe	er (other than an em ant to an employer a	nployer covered und ny payment of money	12.b. Amount. er parts A and B above)	d or Income received	
C Received from any employe or from any labor relations consults 13 a Name and address of Employe	er (other than an em ant to an employer a	nployer covered und ny payment of money	12.b. Amount. er parts A and B above) or other thing of value	d or Income received	
C Received from any employe or from any labor relations consults 13 a Name and address of Employe (including trade name if any)	er (other than an em ant to an employer a	nployer covered und ny payment of money	12.b. Amount. er parts A and B above) or other thing of value	d or Income received	
C Received from any employe or from any labor relations consults  13 a Name and address of Employe (including trade name if any)  Name	er (other than an em ant to an employer a er or Labor Relations	nployer covered und ny payment of money	12.b. Amount. er parts A and B above) or other thing of value	d or Income received	
C Received from any employe or from any labor relations consults  13 a Name and address of Employe (including trade name if any)  Name  Trade Name if any	er (other than an em ant to an employer a er or Labor Relations	nployer covered und ny payment of money	12.b. Amount. er parts A and B above) or other thing of value	d or Income received	
C Received from any employe or from any labor relations consults  13 a Name and address of Employe (including trade name if any)  Name  Trade Name if any  PO Box Bldg Room No if any	er (other than an em ant to an employer a er or Labor Relations	nployer covered und ny payment of money	12.b. Amount. er parts A and B above) or other thing of value	d or Income received	
C Received from any employe or from any labor relations consults  13 a Name and address of Employe (Including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street	er (other than an em ant to an employer a er or Labor Relations	nployer covered undiny payment of money Consultant	12.b. Amount. er parts A and B above) or other thing of value	d or Income received	
C Received from any employe or from any labor relations consults  13 a Name and address of Employe (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City	er (other than an em ant to an employer a er or Labor Relations	nployer covered undiny payment of money  Consultant	12.b. Amount. er parts A and B above) or other thing of value	d or Income received	

Name of Person Filing RAYMONS MUETRANS		File Number U-
B Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to or otherwise	5
8 Name and address of Business (including trade name if any)  Name LOCAL 305 HEALTH E IN 5 FUND  Trade Name if any  PO Box Bldg Room No if any  Street 120 SAW MILL RUER ROAD  City HASTINGS-ON-HUDSON  State NEW YORK ZIP Code +4 10706	9 Business deals with  a Labor Organizar  b Trust  C Employer	tion
	11 a Nature of such deali	
10 If 9 b or 9 c is checked give trust or employer's name		'9
Name GURSON GROUP	Lunch	
Trade Name If any	Lunch 8/10/04	
P O Box Bidg Room No If any		
Street 505 WHITE PLAINS ROAD	11 b Approximate dollar valu	e of such dealing # 14 0 0
City TARRYTOWN	12.a Nature of interest heigh	
	12.0 ITALEIO OF INCIOCUTOR	41 Illustric 14441144
State NEW PORIL ZIP Code + 4 10591	Z.u Mado o moroccion	
	12 b. Amount	
State NEw { o RIC   ZIP Code + 4   10.59    C Received from any employer (other than an employer covered under	12 b. Amount r parts A and B above)	
State NEW 10 PIL ZIP Code + 4 10.591  C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	12 b. Amount r parts A and B above)	
State NEw { o RIC   ZIP Code + 4   10.59    C Received from any employer (other than an employer covered under	12 b. Amount r parts A and B above) or other thing of value	
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant	12 b. Amount r parts A and B above) or other thing of value	
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	12 b. Amount r parts A and B above) or other thing of value	
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name	12 b. Amount r parts A and B above) or other thing of value	
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any	12 b. Amount r parts A and B above) or other thing of value	
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  PO Box, Bldg Room No if any	12 b. Amount r parts A and B above) or other thing of value	
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  PO Box, Bldg Room No if any  Street	12 b. Amount r parts A and B above) or other thing of value	

Name of Person Filing RAYMOND M VETRANS	File Number U-				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested :					
8 Name and address of Business (including trade name if any)  Name LOCAL 305 HEALTH & INS FUND  Trade Name if any  PO Box Bidg Room No if any  Street 120 SAW MILL RIVER ROAD  City HASTINGS-ON-HUDSON  State NEW YORK ZIP Code +4 10706	9 Business deals with  a Labor Organization  b. Trust  c Employer				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing				
Name GURSON GROUP	Lunch				
PO Box Bldg Room No If any	10/4/04				
Street SUS WHITE PLAINS RUAD	11 b Approximate dollar value of such dealing	\$ 1900			
CITY TARRYTOWN	12.a Nature of interest held or income rece	eived			
State NEW YORK ZIP Code + 4 10591					
	12 b Amount				
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any).	14 a Nature of payment.				
Name					
Trade Name if any					
PO Box Bidg Room No if any					
Street					
Chu					
State ZIP Code + 4					
	14 b Amount of payment.				
13 b is the Business an Employer or Consultant?	12 o various of baltitions				